improved and the epileptic attacks became less frequent. He lived very comfortably for two years, then had two severe convulsions and died. At autopsy a large spindle-celled sarcoma was found on the right side of the brain, extending from the Rolandic fissure back to the parieto-occipital fissure. On the convexity of the brain it extended down to the upper portion of the inferior parietal convolution. On the mesial aspect of the brain it extended down to the upper third of the gyrus fornicatus. It therefore involved the superior parietal, paracentral and quadrate convolutions chiefly and the inferior parietal and gyrus fornicatus partially. The tumor was clearly defined from the brain substance at all points, and had it been operated on earlier it could probably have been successfully removed.

The noteworthy features of the case were the absence of vomiting and vertigo; the fact that the headache was severe once only, in the attack just before the operation; and that the optic neuritis probably subsided, since no appreciable defect of vision was present at any time after it was discovered. C. D. CAMP (Philadelphia).

NEUROSES OF THE STATUS LYMPHATICUS. A. P. Ohlmacher (Journal of Amer. Med. Assn., Feb., 1904).

Status lymphaticus is a constitutional disorder characterized by a persistence or hyperplasia of the thymus gland, general lymphadenoid hyperplasia, frequently associated with cardiac and arterial hypoplasia, end evidences of rickets. Sudden death occurs in this disorder, as a sinking spell, with or without convulsions, sometimes during a minor operation. By some writers this is termed an abruptly fatal neurosis ("Nervenschlag" of the German authors). The convulsive phenomena resemble the abrupt assault of major epilepsy or infantile eclampsia. Laryngismus stridulus and infantile tetany are closely allied with eclampsia, are associated with the rachitic dyscrasia, and on autopsy many of the characteristics of status lymphaticus are found. The writer associates idiopathic major epilepsy with the lymphatic state. Death occurs as a reflex cardiac paralysis, the increased susceptibility of the heart to various forms of irritation being a part of lowered vital resistance. Escherich considers a latent irritability of the nervous system to be characteristic of the lymphatic constitution, causing reactions in the form of spasmodic conditions in various parts of the body in response to trifling stimuli. He would regard the constitutional disorder as the expression of an incomplete or perverted metabolism, that is, as a dyscrasia or chronic intoxication, comparable with Basedow's disease or myxedema.

In lymphatic epileptics, the writer believes a periodic increase of intracranial pressure is present, acting on the exterior or interior of the brain.

This manifests itself as a tendency to edema, characteristic of the status lymphaticus, and is a directly provocative factor of such neuroses as spasm of the glottis, tetany, infantile eclampsia, epilepsy, and the various forms of sudden death incidental to the lymphatic state. At autopsy persistent thymus gland, enlarged intestinal follicles, and the enlarged spleen are not found ordinarily in epileptics over 30 years of age, or those who have died of prolonged dementia, or exhaustion, or certain acute infections, but only in those who die suddenly.

The narrow arteries and relatively small heart are common as persistent features even in advanced age.

NOYES (New York).

HEMIPLEGIA IN TYPHOID FEVER. L. Stein (Pest. Med.-Chir. Presse, 1904, Jan. 10, p. 44).

Paralysis is a rare complication of typhoid fever. A man, aged 20, was admitted to hospital on Oct. 14. He had been ill since Oct. 9, the symptoms being weakness, diarrhea, and anorexia. There were tenderness and gurgling over the right iliac fossa, splenic enlargement, rose spots, and pyrexia, which ranged between 103.1° and 104°. He became more and more apathetic and drowsy and lost control of the sphincters. Lysis began on Oct. 25, and on Oct. 30 the temperature was normal. On Oct. 22 the left limbs remained in any position they were placed, though on the right side there was jactitation. Some days later the left leg and arm were paralyzed, the only muscles which acted were the flexors and adductors of the thigh and leg. Thus the thigh could be adducted and the knee slightly flexed, but the original position could not be regained voluntarily. The patellar reflex on the left side was exaggerated. Sensibility—tactile and thermic—was unimpaired. The left naso-labial furrow was obliterated, the left angle of the mouth was on a lower level than the right, and the left ala nasi was motionless. But the muscles innervated by the temporo-facial division were unaffected. There was no marked muscular atrophy. The association of paralysis of the lower branches of the facial nerve with hemiplegia, the exaggerated reflexes, and the absence of atrophy were practically conclusive of cerebral affection. The patient, who had previously been intelligent, had fits of ceaseless laughter, could not solve correctly the simplest arithmetical problem, and appeared silly and demented.

JELLIFFE.

INFLUENCE OF TYPHOID FEVER ON THE NERVOUS SYSTEM. C. C. Hersman (N. Y. Med. Journal, March 26, 1904).

The poison of typhoid fever attacks the nervous system first, as evidenced by the prodromal aches and pains, that of the head being severest, sometimes uncontrollably so. The optic nerve is usually quite sensitive, photophobia being a frequent symptom. The cardiac ganglion and nerve supply of the heart is frequently affected by the poison. The psychoses are the initial delirium, which may be an early symptom, the febrile delirium which comes in the second or third week, which amounts to a confused condition of the mind, a melancholia, or a violent motor excitement, the low, muttering delirium so common in fatal typhoid. Convalescence may be disturbed by a delirium which is due to the exhausted condition. Mania and melancholia are often seen in the inherited, neurotic type. Meningitis is a grave complication. In a case of the writer's, headache, symptoms of meningitis and a paralysis of the left side were the pathological sequence. The prognosis of typhoid meningitis is 80 per cent. mortality. Among the neuroses are epilepsy, hysteria, tabes, multiple sclerosis, typhoid spine, and, more rarely, infantile spinal paralysis, paralysis agitans, myotonia, chorea, tetany, and various types of anesthesia, hyperesthesia, neuralgia, besides trophic and vasomotor neuroses. Insanity is far from common, and is not hopeless if the heredity is good.

W. B. NOYES.

THE PUPIL AFTER DEATH. A. Placzek (Virchow's Archiv, Vol. 173, No. 1).

The development of rigor mortis follows a certain definite law. Three to six hours after death it affects the neck muscles and then descends to the trunk, arms and legs. After three to four days it disappears in the same order. The heart is involved somewhat earlier than the other muscles. Observations on smooth muscle-fibers are very scant, so that Placzek made a systematic study of the size of the pupils at various times after death to ascertain if the muscles of the iris follow the general law. Cats were selected, since their prominent iris permits of very accurate measurement. In the first two hours after death the pupils begin to contract; this goes on until, after six to twenty-four hours, only a narrow slit remains. After twenty-four to forty-eight hours relaxation is again complete and no further excursions are then noticed. There may be individual variations; thus the process need not be syn-